Tony Evers
Governor

Kristen L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
NORTHWESTERN REGIONAL OFFICE
PO BOX 48
EAU CLAIRE WI 54702

Telephone: 715-836-4790
Fax: 608-224-5705
TTY: 711 or 800-947-3529

October 29, 2025

ELECTRONIC MAIL
SOD # XK2K14

NOTICE and ORDER

NOTICE OF VIOLATION

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ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS - EXTENDED

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Karrie Gross
1110 2nd Street
Pepin, WI 54759

C/O Licensee: Eagles Rest at Pepin Health Services Inc.

Re: Eagles Rest at Pepin, 0019052
1110 2nd Street
Pepin, WI 54759

Dear Karrie Gross:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Eagles Rest at Pepin, located at 1110 2nd Street in Pepin, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat. § 50.03(5g), and Wis. Admin. Code ch. DHS 83.

NOTICE OF VIOLATION

On October 8, 2025, a standard survey and verification visit was concluded for Eagles Rest at Pepin by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the above-referenced facility was in substantial compliance with Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, or both, which set forth requirements for the administration and operation of a community-based residential facility (CBRF). The Department is issuing Statement of Deficiency (SOD) # XK2K14 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, which establish the grounds for this action. XK2K14.

ORDER TO COMPLY WITH REQUIREMENTS

1. Pursuant to Wis. Stat. § 50.03(5g)(b)3., effective immediately, the licensee shall comply with the requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83 that establish the standards for the operation of the Community Based Residential Facility in order to protect and promote the health, safety and welfare of the residents.

AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements. All operational and resident records required as evidence of compliance with applicable rules will be available to department representatives upon request.

The Department may, without notice, conduct an inspection to verify the licensee's corrective action at any time after the date of compliance. Pursuant to Wis. Stat. § 50.03(5g)(cm), the department may impose a $200 inspection fee for an on-site inspection to review compliance of violations resulting in enforcement action.

ADDITIONALLY:

WITHIN 10 DAYS of receipt of this notice, the licensee may request an extension for the date of compliance. The request for an extension must be submitted to the Assisted Living Regional Director, Northwestern Regional Office, at DHSDQABALWRO@dhs.wisconsin.gov. The Regional Director will communicate to the licensee a decision on the date of compliance extension.

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS – EXTENDED

Based on the results of the Department's investigation and pursuant to authority provided in Wis. Stat. § 50.03(5g)(b)7., the Department of Health Services **HEREBY EXTENDS** the **ORDER** issued on May 21, 2025 with SOD # XK2K13 that **Eagles Rest at Pepin NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS** until all violations are corrected, compliance is verified by the Department, and this Order is rescinded in writing.

SPECIAL ORDERS

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b), **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER,** the Department of Health Services **HEREBY ORDERS** that **Eagles Rest at Pepin**:

CONSULTANT REQUIRED

1. **Pursuant to Wis. Stat. § 50.03(5g)(b)6., EFFECTIVE IMMEDIATELY, the licensee shall ensure the provision of services to meet residents' physical and mental health needs. WITHIN 45 DAYS the licensee will correct identified deficiencies in consultation**

with a registered nurse (RN), not currently affiliated with the licensee, at the licensee's expense. The RN will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 83, Wis. Stat. ch. 50) and knowledge of the client groups served by Eagles Rest at Pepin.

Consultation will include the development (or revision) of written procedures and staff training (as appropriate) to address:

Admission Procedures

- Screening for communicable disease, including TB is completed within 90 days before admission or 7 days after admission.

- Written information regarding services available and the charges for those services is provided prior to admission.

- Service agreements are given in writing, signed and dated by the resident or resident's legal representative.

- Resident rights and grievance procedure are provided and explained. The resident or the resident's legal representative shall be asked to sign a statement to acknowledge the receipt of an explanation of resident rights. The CBRF shall document the date and to whom the information was provided.

- Evaluation of resident evacuation limitations, using the department's form, is completed within 3 days of admission.

Fall Management

The procedure shall include, but is not limited to: (a) documenting comprehensive assessments to identify fall risks; (b) developing the Individualized Service Plan (ISP) with specific measures to address risks and prevent injuries (such as increased supervision, therapy services, environmental modifications, positioning or other assistive devices, or assistance with ambulation, toileting, bathing); (c) staff response when falls occur, including monitoring for, and documentation of, changes in resident status following a fall; and (d) conducting and documenting an assessment after each fall incident to identify contributing factors and new fall prevention interventions. Information related to fall management is available on the following websites: https://www.cdc.gov/homeandrecreationalsafety/falls/index.html and https://www.dhs.wisconsin.gov/injury-prevention/falls/index.htm

The licensee will provide the RN with a copy of the Statement of Deficiency (SOD) ZK2K14, along with this Notice and Order letter prior to providing consultation services.

Additionally:
- All managers and resident care staff (as appropriate) will receive in-service training regarding the facility's written procedures required by Order #1.

- Training will be documented in employee files and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.

- Consultation activities, including dates of consultation, will be documented, signed and dated by the consultant.

- A copy of the written procedures and all documentation as evidence of meeting the requirements in Order #1 will be made available to department representatives upon request.

NOTICE OF FORFEITURE*

In addition to other sanctions enumerated in Wis. Stat. § 50.03(5g)(b)1. to 8., according Stat. § 50.03(5g)(c)1.b., the Department of Health Services may impose a forfeiture on a licensee or any other person who violates the applicable statutory provisions or administrative rules governing CBRFs. If imposed, the forfeiture amount may not be less than $10 or more than $1,000 per day for each violation.

The Department has determined that you violated state statutes or administrative code provisions, or both, as identified in the enclosed SOD # XK2K14. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF $3,480,IS IMPOSED** for the following violations described in SOD # XK2K14.

TAG	DHS Code	Forfeiture Amount
N196	**83.14(2)(a)**	**$ 1,000**
N239	**83.20(2)(a)-(d)**	**$ 200**
N389	**83.35(3)(d)**	**$ 1,500**
N407	**83.37(1)(h)**	**$ 300**
N446	**83.41(1)(b)**	**$ 150**
N452	**83.41(3)(b)**	**$ 150**
N525	**83.47(2)(d)**	**$ 180**

Total Forfeiture Due: $3,480

You must pay the Total Forfeiture amount within ten (10) days of receipt of this NOTICE and ORDER.

* According to Art. X, §2 of the Wisconsin Constitution and Wis. Stat. § 50.03(5g)(c)1.c., all forfeitures collected by the Department are deposited in the State's School Fund.

REDUCED FORFEITURE OPTION

If you choose not to appeal the forfeiture, any of the violations in SOD # XK2K14, **AND** any Orders contained in this NOTICE and ORDER, then the Department will reduce the total forfeiture due by 35%.

This 35% reduced forfeiture option also applies to any accruing forfeiture. Final calculation of any accruing forfeiture due will be based on a verified date of compliance.

At this time, the reduced forfeiture amount due to the Department within ten (10) days of receipt of this NOTICE and ORDER is $2,262.

Please make the forfeiture payment payable to "*DHS 639*" and send it to:

QUALITY ASSURANCE ANALYST
DHS / DQA / BAL
PO BOX 2969
MADISON, WI 53701-2969

NOTICE OF RIGHT TO APPEAL

According to Wis. Stat. §§ 50.03(5g)(b) and (f), you may request an administrative hearing of the Department's action. To notify the Department of your request for a hearing, your written request **must be filed with (served upon) the Division of Hearings and Appeals (DHA) within ten (10) days after receipt of this NOTICE**. Please note that according to Wis. Admin. Code § HA 1.03(3)(a), materials **mailed** to DHA are **considered filed on the date of the postmark**. Send your request for a hearing to:

CBRF APPEAL
DHA
P.O. BOX 7875
MADISON, WI 53707-7875

Include in your written request for a hearing **ALL** of the following:

- ✓ The name and address of the facility;
- ✓ What you are appealing (attach a copy of this NOTICE to your appeal);
- ✓ The effective date of the action;
- ✓ A concise statement of the reasons for objecting to the action;
- ✓ What type of relief you are seeking; and
- ✓ The name, address and telephone number of any person who may be expected to appear on behalf of the facility

YOUR APPEAL MAY BE DENIED OR DISMISSED IF THE REQUEST IS INCOMPLETE OR NOT FILED WITH DHA WITHIN THE 10-DAY APPEAL TIME.

Please note that according to Wis. Stat. § 50.03(5g)(c)1.c., if you file an appeal, then payment of any forfeiture is due within 10 days after you receive the final decision in the case after exhaustion of administrative review.

NOTICE OF REVISIT FEE

According to Wis. Stat. § 50.03(5g)(cm), if the Department imposes a sanction on, or takes other enforcement action against a community-based residential facility for violation of this subchapter or rules promulgated under it, and the Department subsequently conducts an onsite inspection to review the facility's action to correct the violation(s), the Department may impose a $200 inspection fee on the community-based residential facility.

On October 8, 2025, a verification visit was concluded for Eagles Rest at Pepin by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) # XK2K13 and SOD 6CN911 were corrected. **Therefore, an inspection fee of $200 is being assessed.**

Please send a check or money order in the amount of $200 made payable to "Division of Quality Assurance" and send it to:

Division of Quality Assurance
Bureau of Assisted Living
Northwestern Regional Office
PO Box 48
Eau Claire, WI 54702

The revisit fee is due within ten (10) days of receipt of this Notice. Failure to submit this revisit fee will result in the issuance of a subsequent statement of deficiency with additional enforcement sanctions against Eagles Rest at Pepin. There are no appeal rights for revisit fees.

POSTING OF NOTICES

According to Wis. Admin. Code DHS §§ 83.13(3)(a) and 83.14(2)(h), each facility shall immediately upon receipt post next to its CBRF license, and in a public area that is visually and physically available, any citation/statement of deficiency, notice of revocation, notice of non-renewal, and any other notice of enforcement action. Citations and statements of deficiency shall remain posted for ninety (90) days following receipt. Notices of revocation, non-renewal, and other notices of enforcement action shall remain posted until a final determination is made.

Therefore, the license shall immediately post this Notice and Order letter and it shall remain posted until a final determination is made.

* * *

If you have questions about this letter, please contact the regional office at (715) 836-4790.

Sincerely,

Kenneth Brotheridge, Assisted Living Director
Bureau of Assisted Living
Division of Quality Assurance

Enclosure

KB/MVL

cc: Aging/Disability Resource Center, Pepin County
Pepin County Human Services
Division of Medicaid Services
Ombudsman, Pepin County
Disability Rights Wisconsin
Waiver Agencies